



## JUVENILE REHABILITATION ADMINISTRATION (JRA)

**PSYCHOSOCIAL/DIAGNOSTIC  
FACE SHEET**

1. PAROLE COUNSELOR

2. JRA CASE NUMBER

DATE

**PART I: INFORMATION ON YOUTH**

4. YOUTH'S NAME		5. DATE OF BIRTH		6. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. PLACE OF BIRTH		8. COUNTY		9. REGION	
10. SOCIAL SECURITY NUMBER	11. RELIGION		12. RACE		13. MARRIED <input type="checkbox"/> No <input type="checkbox"/> Yes
14. CHILDREN (IF YES, GIVE NAMES(S)) <input type="checkbox"/> No <input type="checkbox"/> Yes:					
15. HEIGHT	16. WEIGHT	17. HAIR COLOR	18. EYE COLOR	19. COMPLEXION/SKIN TONE	
20. SPECIAL IDENTIFICATION FEATURES (SCARS, TATTOOS, ETC.)			JRA RESIDENTIAL PLACEMENT		
			NAME OF FACILITY		
			COMMITMENT DATE		
			PREVIOUS CURRENT		
21. DEPENDENCY <input type="checkbox"/> No <input type="checkbox"/> Yes	22. NAME OF CHILDREN AND FAMILY SERVICES (DCFS) WORKER		23. TELEPHONE NUMBER		24. COUNTY
25. MEDICAL/DENTAL PROBLEMS (RESTRICTIONS, ALLERGIES, MEDICATIONS)					
26. NAME OF HEALTH OR HOSPITAL INSURANCE PLAN					
27. NAME OF GUARDIAN					
28. GUARDIAN'S ADDRESS		STREET	CITY	STATE	ZIP CODE
29. YOUTH'S ADDRESS AT TIME OF COMMITMENT		STREET	CITY	STATE	ZIP CODE

**PART II: PARENT INFORMATION**

1. FATHER'S NAME		SOCIAL SECURITY NUMBER		MARITAL STATUS	LEGAL CUSTODY <input type="checkbox"/> No <input type="checkbox"/> Yes
STREET ADDRESS		CITY	STATE	ZIP CODE	VIH _____ OF _____ OFFENSES
HOME TELEPHONE		EMPLOYER		WORK TELEPHONE	
2. MOTHER'S NAME		SOCIAL SECURITY NUMBER		MARITAL STATUS	LEGAL CUSTODY <input type="checkbox"/> No <input type="checkbox"/> Yes
STREET ADDRESS		CITY	STATE	ZIP CODE	VIH _____ OF _____ OFFENSES
HOME TELEPHONE		EMPLOYER		WORK TELEPHONE	
3. STEP FATHER'S NAME		SOCIAL SECURITY NUMBER		MARITAL STATUS	LEGAL CUSTODY <input type="checkbox"/> No <input type="checkbox"/> Yes
STREET ADDRESS		CITY	STATE	ZIP CODE	VIH _____ OF _____ OFFENSES
HOME TELEPHONE		EMPLOYER		WORK TELEPHONE	
3. STEPMOTHER'S NAME		SOCIAL SECURITY NUMBER		MARITAL STATUS	LEGAL CUSTODY <input type="checkbox"/> No <input type="checkbox"/> Yes
STREET ADDRESS		CITY	STATE	ZIP CODE	VIH _____ OF _____ OFFENSES
HOME TELEPHONE		EMPLOYER		WORK TELEPHONE	

**PART III: SIBLING INFORMATION**

1. NAME	AGE	TELEPHONE		
ADDRESS	STREET	CITY	STATE	ZIP CODE
2. NAME	AGE	TELEPHONE		
ADDRESS	STREET	CITY	STATE	ZIP CODE
3. NAME	AGE	TELEPHONE		
ADDRESS	STREET	CITY	STATE	ZIP CODE
4. NAME	AGE	TELEPHONE		
ADDRESS	STREET	CITY	STATE	ZIP CODE
5. NAME	AGE	TELEPHONE		

6. LIST OTHERS LIVING IN YOUTH'S HOME AND RELATIONSHIP TO YOUTH
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**PART IV: FAMILY FINANCIAL RESOURCES**

LIST ALL FAMILY FINANCIAL RESOURCES (RECEIVED BY OR ELIGIBLE FOR, E.G., VETERANS BENEFITS, RAILROAD BENEFITS, CHILD SUPPORT, TRIBAL BENEFITS, INDUSTRIAL, SOCIAL SECURITY)
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**PART V: INTERESTED INDIVIDUALS**

1. NAME	RELATIONSHIP	TELEPHONE		
ADDRESS	STREET	CITY	STATE	ZIP CODE
2. NAME	RELATIONSHIP	TELEPHONE		
ADDRESS	STREET	CITY	STATE	ZIP CODE
3. NAME	RELATIONSHIP	TELEPHONE		
ADDRESS	STREET	CITY	STATE	ZIP CODE
4. NAME	RELATIONSHIP	TELEPHONE		
ADDRESS	STREET	CITY	STATE	ZIP CODE
5. NAME	RELATIONSHIP	TELEPHONE		
ADDRESS	STREET	CITY	STATE	ZIP CODE